

# Grimes Parks & Recreation Department

Telephone: (515) 986-2143

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[www.grimesiowa.gov](http://www.grimesiowa.gov)

CITY OF  
**GRIMES**



## Letter from Santa

### Program Description:

Have your child receive a letter from Santa that is personally signed by Santa himself! He's making a list and checking it twice. You can submit a letter from your child with this order to Santa as well. Please don't delay as he has a lot of letters to respond to. All registrations must be received by December 10 in order for your child to receive their letter from Santa by Christmas.

**Who:** All Ages and Open to Anyone.

**Where:** Drop Off Orders at the Grimes Parks and Rec Office

**Deadline:** Orders must be received by December 10<sup>th</sup> at Noon

**Questions:** Contact Brett Barber, Grimes Parks & Recreation Director at [bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us) or by calling the Rec Office at 515-986-2143.



**To Register:** Register ONLINE, OR bring in registration with payment to the GCC, OR mail to Grimes Parks and Rec Office at 410 SE Main Street in Grimes.

**Cost:** \$3.00 per child OR \$5.00 per child if Registering ONLINE

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### 2011 "Letter from Santa" Registration Form

PARTICIPANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

Cost is \$3.00 per child OR \$5.00 if registering online

### Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Grimes Parks & Recreation Office Location ~ 410 SE Main St. in Grimes**